

Application Data Sheet

Application Information

Application number::

Filing Date:: 07/23/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: HUMAN PROSTATE CELL LINES IN CANCER
TREATMENT

Attorney Docket Number:: 37945-0054

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 17

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contractor Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Angus

Middle Name:: George

Family Name:: DALGLEISH

Name Suffix::

City of Residence:: London

State or Province of Residence::

Country of Residence:: UK

Street of mailing address:: Onyvax Ltd., St. Georges Hospital Med. School
Cranmer Terrace, P.O. Box 17717

City of mailing address:: London

State or Province of mailing address::

Country of mailing address:: UK

Postal or Zip Code of mailing address:: SW17 0WG

Correspondence Information

Correspondence Customer Number:: 26633

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

Representative Information

| | | |
|----------------------------------|--|--|
| Representative Customer Number:: | | |
|----------------------------------|--|--|

- OR -

| Representative Designation:: | Registration Number:: | Representative Name:: |
|------------------------------|-----------------------|-----------------------|
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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| | | | |
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| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | No |
| | | | No |
| | | | |

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::